

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 10, 2021

Case Number: 21-138

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Betsy Hershey

Premise Name: Integrative Veterinary Oncology

Premise Address: 2501 N. 32nd Street

City: Phoenix State: Az Zip Code: 85008

Telephone: (602) 841-0626

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Kristin Provvidenti

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

***STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.**

C. PATIENT INFORMATION (1):

Name: Nyles
Breed/Species: Maltipoo/Canine
Age: 10 Sex: M (altered) Color: white

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

White Tanks Animal Hospital-
16578 W. Greenway Rd Surprise, Az 85388 (623)537-5559
East Maryland Animal Hospital-
529 E. Maryland Ave Phx, AZ 85012 (602) 279-7366
Integrative Veterinary Oncology-2501 N. 32nd St. Phx, AZ 85008 (602)841-0626

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Kristin Providenti [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [REDACTED]
Authentisign
Kristin Providenti
5/7/2021 4:39:04 PM MDT

Date: 05/07/2021

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

In Jan 2021 Virbac/QBiotics rolled out their Intra-tumoral Injection Stelfonta for dogs with Mast Cell Tumors to the US. The treatment is currently only available to Veterinary Oncologists and although new and revolutionary boasts a 75% cure rate. My vet had only done 2 such procedures before my dog. The treatment is aggressive and does not come without risks and therefore, as depicted on the manufacturer's website as well as being expressed by Dr Hershey herself, protocols for aftercare **MUST** be followed to the tee. Degranulation is the biggest risk factor with this treatment and it is emphasized over and over on the manufacturer's website that to avoid this Corticosteroids must be given prior to the injection as well as following to prevent degranulation, a serious and life threatening adverse reaction.

My dog Nyles was diagnosed with Mast Cell Tumor on his leg in January of 2021. On April 5th I brought my dog to the Dr. Hershey for evaluation and to see if he was a candidate for the Stelfonta treatment. After consulting with the Dr. it was determined my dog would need to undergo xrays and an ultrasound to determine if there was any metastatic activity as this too can cause systemic degranulation. Upon discharge on April 5th the Dr. prescribed 2.5 mg of Prednisone once a day on a written physical prescription. Unable to drop the RX off to be filled, I requested it be called into my pharmacy. This was a second opportunity for the vet to catch her error. Later that night I picked up the RX and gave it to my dog based on the doctor's verbal instructions and bottle's instruction label, which coincided..

On April 21st after getting a clear on his x-rays the vet gave the Stelfonta injection to my dog. I was told to expect swelling in and around the injection sight. Edema that would descend down the leg and bruising. The doctor also advised me to increase my dog's Prednisone from 1 pill a day to 2 which I did. I followed all her instructions to a tee.

On day 3 I could see something was going very wrong. The entire inside of his thigh and down his leg was black. While the vet said he should be able to be walking somewhat normally on it by then, my dog couldn't move at all. By day 5 the entire inside of the leg had degloved revealing tendon and muscle. On day 5 I brought my dog back to the vet where he had to be put under anesthesia to clean and clip the area, Upon discharge, I looked at the papers and saw that she was recommending 5mg of Prednisone 2 x a day not the 2.5 mg 2 x a day she prescribed. Checking my other discharge papers they all said 5 mg 2xday. Due to this error my dog was only getting half of the required medication to prevent the degranulation reaction he was having.

Upon speaking to the manufacturer I was informed that this reaction is not typical in dogs who are on the correct protocol for this procedure.

My dog has suffered unimaginable pain. Not only was his leg affected but he had terrible and severe swelling, bruising and edema in his abdomen, penis, scrotum, area under the rectum, the rectum was so swollen I was advised by the vet not to attempt to take his temperature. He has only been able to deficate once since April 22, 2021. I have pictures and all supporting documentation of the misprescribed drug. Please advise how I can convey that info to you.

The attending vet continues to dismiss how critical the situation is by delayed responses

The attending vet continued until I reprimanded her to dismiss how critical the situation is by delayed responses to my emails and delayed prescriptions(up to 10 hours) being called in.

All of the discharge papers say that he should be taking 5 mg but what she called in was 2.5. The referring vet is the one who started Nyles on the 2.5mg so that was the baseline the attending vet was going off of.

I have been caring for my dog around the clock trying to manage his pain. He is unable to lay down, stand, drink, eat, urinate or defecate without assistance. As a single mom who owns two businesses I have had to step away from working right now to take care of my dog. The vet says healing will take a minimum of 8 weeks but likely more due to the size of the wound. I have had to cancel 3 of my own doctor appointments this week because I can't leave him in this condition alone. I have PTSD that I was previously treated for that has flared horribly. I have already lost a week of work and I am anticipating at least 2+ weeks more lost as I was told the pain will be intense over the next 2 weeks and he will likely be the same as far as mobile. My son's 18th birthday vacation to Vegas on May 24th will likely have to be canceled as well. There's so much more but I'm going on about 7 hours of sleep over the last 5 days. The photo speaks for itself. I have everything documented as well as all his discharge papers and the physical RX she wrote.



June 6, 2021

Re: 21-138 (A.E. Hershey, DVM)

To the Arizona Veterinary Board:

I initially evaluated "Nyles", a 10 year old male neutered Maltese mix owned by Kristin Provvidenti on April 5th, 2021, for a cutaneous mast cell tumor on his left proximal caudal thigh. The owner was interested in a new injectable treatment for mast cell cancer Stelfonta, that had recently been conditionally approved by the FDA for treatment of cutaneous and subcutaneous mast cell tumors.

Based on the size of his mast cell tumor on April 5th, Nyles qualified for treatment with Stelfonta. Because Stelfonta is contraindicated if a patient has metastatic disease, I recommended Nyles be staged with chest X-rays and abdominal ultrasound. I also recommended a biopsy of the tumor for grading as high grade II or III mast cell tumors have a high metastatic potential and treatment with Stelfonta alone may not be sufficient for preventing metastases.

At this appointment Ms. Provvidenti had also requested a refill of the prednisone Nyles was taking. I refilled the prescription based upon my understanding from my conversation with the owner and understood that Nyles had been prescribed a 2.5 mg tablet of prednisone and was giving ¼ to 1 tablet of this size prednisone as needed. At the time of discharge for this visit, the owner had not yet decided on staging and treatment and the current dosing of prednisone that was prescribed by his primary care veterinarian was continued.

Stelfonta is a new treatment and I recommended that Ms. Provvidenti review the manufacturer's website to look at photos and develop an understanding of how the treatment works and the side effects that may occur. It is true that I had only treated 2 other dogs prior to Nyles's treatment, but again this is a very new treatment. Since this case, I have treated an additional 2 dogs for a total of 5 dogs. This treatment is aggressive and causes severe swelling, bruising and pain at the site of injection into the tumor and surrounding tissue. In recognition that the treatment causes significant discomfort, I am being proactive in pain management in patients treated with Stelfonta.

Nyles had an abdominal ultrasound performed April 14th at Fletcher Heights Animal Hospital which showed no evidence of metastases from mast cell tumor. Nyles presented to me on April 21, 2021, for chest X-rays and Stelfonta treatment. His chest X-rays showed no evidence of metastases and Stelfonta was administered under light sedation. The discharge instructions on the day of treatment indicated to increase prednisone to 5 mg twice daily. At this time, I assumed that the owner had a prescription for 5 mg tablets, but I now know that she had 2.5 mg tablets. Had I realized that on April 21st, I would have

Betsy Hershey DVM, DACVIM (Oncology)

Integrative Veterinary Oncology, PC • 2501 N. 32nd St. • Phoenix, AZ 85008
P: 602.841.0626 • F: 602.995.7048 • integrativeveterinaryoncology.com

advised her to give 2 of the 2.5 mg prednisone tablets (to equal 5 mg) twice daily. This error was not realized until April 26th, when Nyles presented for reevaluation and the technician that discharged Nyles to the owner on that date was discussing the discharge instructions. At that time, a new prescription was called in for prednisone for 5 mg tablet with instructions to give 1 of the 5 mg tablets twice daily.

Nyles had started exhibiting pain a day post Stelfonta treatment. A tramadol prescription had been supplied to Ms. Provvidenti on April 21st, suspecting he would need pain medications post treatment. On April 22nd, the owner sent an update with Nyles vitals and photos on how the tumor was reacting. He had an elevated heart rate that could be an indication of pain. I advised Ms. Provvidenti that gabapentin could be called into a compounding pharmacy for additional pain relief in combination with the tramadol. The owner indicated that she had not yet picked up the tramadol as she was worried about leaving Nyles alone and was waiting for a neighbor to watch him so that she could pick up the tramadol. On April 22nd at 9:36 pm the owner emailed to report that Nyles remained lethargic and unwilling to move. He had uncontrolled diarrhea and vomited once. Ms. Provvidenti was concerned about systemic degranulation. I advised her at 6:49 am on April 23rd via email to have Nyles evaluated and consider SQ fluids and injectable Cerenia. As he was drinking without vomiting and had eaten some baby food later that morning per email at 10:51 am, the owner asked if Nyles could have medications to treat the diarrhea and vomiting at home. Metoclopramide and metronidazole were called into the requested pharmacy at 4:17 pm.

Ms. Provvidenti emailed on Saturday April 24th with concerns about the size of the wound and the area of the wound. I advised in email dated April 24th to continue prednisone 5 mg twice daily rather than reducing to the once daily as had initially been written on discharges from April 21st. Because I was concerned with what the owner was reporting regarding the wound and because I could not get a good sense from the photos the owner had emailed of what was happening with his leg, I scheduled Nyles to come in on Monday April 26th for reevaluation.

On April 26th, Nyles was anesthetized for the wound to be clipped free of hair and copiously flushed with saline. He was also treated with a Cerenia injection. I took photos of the wound and forwarded to Dr. Pam Jones of QBiotics (the company that developed the drug) for her input. She concluded that Nyles had a degranulation event leading to more extensive skin necrosis and a more extensive wound. She did assure me that she had seen worse reactions occur in other dogs and that Nyles would heal with time, we need to manage the pain and give him time.

My understanding from both QBiotics and Virbac is that degranulation events can happen even with appropriate medications/therapy, I have since treated another patient with a mast cell tumor in similar location as Nyles that suffered a degranulation event even with being administered an appropriate dose of prednisone.

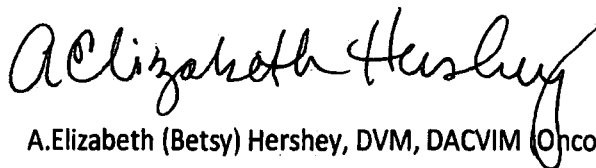
Nyles developed severe swelling, edema and bruising of his entire leg as well as his prepuce, scrotum and rectum. Because his rectum was swollen and sore and his previous temperatures had been normal, I had advised the owner not to continue to take his temperature unless he stopped eating and drinking or his condition changed.

I am sorry that Nyles experienced an adverse reaction to this new cancer treatment. Even knowing that this commonly happens with this treatment, it has certainly been distressing to me to have had it happen to Nyles (or any patient). I believe I took Ms. Provvidenti's concerns very seriously, communicating with her via email after hours including weekends. I have provided care for him without additional cost to her and have been in constant contact and communication with both Dr. Frank Hurtig from Virbac as well as Dr. Pam Jones from QBiotic regarding Nyles. I believe I have been doing my best to support both Nyles and Ms. Provvidenti through the healing process post Stelfonta treatment in a timely fashion. I even offered (via email) for Ms. Provvidenti to bring Nyles daily Monday through Friday for myself and my staff to tend to his care so that she could continue her work obligations. I offered this service at no charge to Ms. Provvidenti but never received a reply.

I continue to treat Nyles and most recently reevaluated Nyles in clinic on May 12th. At that time, the swelling and bruising had resolved and he had a healthy bed of granulation tissue. The owner had shared concerns that he is not wanting to use the leg and still seems painful. While in clinic, he appeared to be using the leg well, albeit with a slight limp. Based on discussion with Dr. Hurtig from Virbac, the prednisone dose was tapered. I also spoke with Dr. Hurtig regarding Nyles not wanting to use the leg and he offered suggestions for gentle range of motion stretching exercises of the stifle and hock which I shared with the owner.

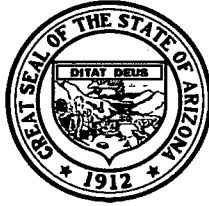
As of this writing,, Nyles appears to be progressing well. I continue to communicate 1-2 times weekly with Ms. Provvidenti regarding Nyles healing. I also share his progress with Dr. Frank Hurtig from Virbac and Dr. Pam Jones from QBiotics. My understanding is that Nyles is healing well and is expected to have complete closure of the wound within another 4-8 weeks. The ongoing concern is his lack of wanting to use the leg. I shared this concern again with Dr. Hurtig and Virbac has offered to cover the costs of physical therapy for Nyles. I have shared that information with Ms. Provvidenti and gave her the referral to Dr. Sonnet Jarvis and believe she will follow up for this service.

Sincerely,

A handwritten signature in cursive script that reads "A. Elizabeth Hershey". The signature is fluid and elegant, with the first letters of each word being capitalized and prominent.

A.Elizabeth (Betsy) Hershey, DVM, DACVIM (Oncology)

Douglas A. Ducey
- Governor -



Victoria Whitmore
- Executive Director -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Steven Dow, DVM
Brian Sidaway, DVM
Gregg Maura

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris – Assistant Attorney General

RE: Case: 21-138
Complainant(s): Kristin Provvidenti
Respondent(s): A. E. Hershey, DVM (License: 3930)

SUMMARY:

Complaint Received at Board Office: 5/10/21
Committee Discussion: 10/5/21
Board IIR: 11/17/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On April 21, 2021, "Nyles," a 10-year-old male Maltipoo was presented to Respondent for Mast Cell Tumor (MCT) treatment. The dog was treated with Stelfonta; Complainant was instructed to increase the dog's prednisone dose to 5mg twice a day.

The dog had a degranulation event that led to extensive skin necrosis. The dog developed severe swelling, edema and bruising of his entire leg as well as his prepuce, scrotum, and rectum.

On April 26, 2021, the dog was presented to Respondent for care and treatment of the wound. It was determined that the dog had been getting 2.5mg prednisone twice a day as instead of 5mg prednisone.

Complainant expressed concerns that Respondent did not prescribe the correct strength of prednisone, which caused the dog to suffer unnecessarily.

Complainant was noticed and did not appear.

Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Kristen Provvidenti*
- Respondent(s) narrative/medical record: *A.E. Hershey, DVM*
- Consulting Veterinarian(s) narrative/medical records: *White Tanks Animal Hospital; East Maryland Animal Hospital*

PROPOSED 'FINDINGS of FACT':

1. On January 26, 2021, the dog was presented to Dr. Garza at White Tanks Animal Hospital and Grooming for evaluation of a mass. Complainant reported that she noticed a walnut sized mass on the dog's left rear leg two days prior and had grown to the size of a grapefruit. The dog had a history of seizures but was not on any medications. Dr. Garza examined the dog; the mass on the dog's leg was an approximate 5cm x 6cm firm mass that was adhered to the caudal-medial aspect of the left rear leg. A fine needle aspirate was performed. Dr. Garza removed approximately 4mLs of serosanguinous, thick, viscous fluid from the mass. In-house microscopic evaluation showed several well-granulated mast cells/phf.

2. Dr. Garza discussed her findings of mast cell tumor (MCT) with Complainant. She explained that based on cytology alone, the grade of MCT could not be determined. Dr. Garza discussed referral to an oncologist and surgical removal of the MCT. Based on the size of the mass, getting margins was going to be difficult and amputation was also discussed. Complainant was to speak with an oncologist before making a decision. Dr. Garza recommended continuing Benadryl and prescribed carprofen and clavamox. Estimates for surgery were also provided to Complainant.

3. On February 10, 2021, the dog was presented to Dr. Hyde at East Maryland Animal Hospital for a second opinion for the MCT. Complainant reported that the mass on the dog's leg had been getting bigger. Dr. Hyde evaluated the dog; the mass on the dog's left leg measured 3.5cm x 4.5cm. The dog also had a left-sided heart murmur. Dr. Hyde called Complainant with the results of the exam and expressed concerns with the size and location of the MCT. She recommended a surgical specialist for this type of mass removal. Complainant advised that she had an appointment with Respondent and was interested in pursuing Stelfonta injection as a treatment option.

4. The tumor measured smaller than described by Dr. Garza, therefore Dr. Hyde offered performing another fine needle aspirate. Complainant declined. She relayed that she was not aware of the details or protocol with Stelfonta treatment and encouraged Complainant to keep her appointment with Respondent. Dr. Hyde recommended continuing Pepcid and Benadryl.

5. Later that day after Complainant spoke with Respondent's premises to schedule an appointment. Afterwards, Complainant requested Dr. Hyde provide a prescription of prednisone to be called into a pharmacy – Prednisone 2.5mg tablets, 36 tablets, give 1.5

tablets orally every 12 hours for 3 days, then decrease to 1.5 tablets once a day for 3 days, then 1.5 tablets every other day for 3 doses, then stop.

6. On March 16, 2021, Complainant requested another prescription of prednisone. A prescription was called into a pharmacy for prednisone 2.5mg, 25 tablets; 1.5 tablets by mouth once daily or as directed.

7. On March 31, 2021, Complainant did not show up to her appointment.

8. On April 5, 2021, the dog was presented to Respondent for evaluation of MCT on the left proximal caudal thigh. Complainant was interested in a new injectable treatment for MCT, Stelfonta, that had been recently been conditionally approved by the FDA for treatment of cutaneous and subcutaneous MCTs. Based on the size of the dog's MCT, the dog qualified for treatment of Stelfonta. However, the drug was contraindicated if a pet had metastatic disease therefore Respondent recommended the dog be staged with thoracic radiographs and an abdominal ultrasound. Respondent further recommended a biopsy of the tumor for grading as high grade II or III MCTs had a high metastatic potential and treatment with Stelfonta alone may not be sufficient for preventing metastases.

9. Respondent's exam of the dog revealed a mass - $3.5 \times 1.6 \times 1.3 = 7.28\text{cm}^3$. At the time of discharge, Complainant had not yet decided on staging and treatment therefore the current dosing of prednisone that was prescribed by the primary care veterinarian was continued. Respondent recommended Complainant review the manufacturer's website to develop an understanding of how the treatment worked and the possible side effects. The treatment was aggressive and caused severe swelling, bruising and pain at the site of injection into the tumor and surrounding tissue.

10. On April 14, 2021, the dog was presented to Dr. Cohen at Fletcher Heights for an abdominal ultrasound in preparation for the Stelfonta treatment. The ultrasound revealed no metastatic neoplasia but sludging of bile in the gall bladder was noted. Dr. Cohen prescribed Ursodiol 250mg, 30 tablets.

11. On April 21, 2021, the dog was presented to Respondent for thoracic radiographs and Stelfonta treatment. Thoracic radiographs showed no evidence of metastases and Stelfonta was administered under light sedation – hydromorphone 0.8mg IM. Stelfonta 2mL was injected into the MCT. Dosage of Stelfonta was based on tumor size and weight of the dog. The dog was discharged with instructions for Complainant to administer the dog:

- a. Prednisone (owner has) 5mg; give 1 tablet by mouth twice daily starting that evening and continuing for the next 3 days (until 4/24), then reduce to 1 tablet once daily for 7 days, then 1/2 tablet once daily thereafter;
- b. Diphenhydramine 25mg; give 1 tablet by mouth twice daily for minimum of 7 days post treatment; and
- c. Pepcid AC; give 10mg by mouth twice daily for minimum of 7 days post treatment.

12. Discharge instructions relayed that the dog's tumor would turn pink within the four (4) hours of injection and would start to develop bruising and swelling at the site. The swelling could be significant and cause edema down the leg and potentially make the dog carry the leg for 3 – 5 days. The tumor and any affected tissue surrounding the tumor would turn black within 24 hours. The tumor tissue would start to separate from the normal tissue within 4 – 6 days and between days 7-9 the dead tissue would fall out leaving an open wound. The wound could be gently sprayed with water to clean any dirt, hair or other debris out of the wound. Most pets do not need antibiotics and the wound is not bandaged. The wound would heal within 4 – 8 weeks. Respondent requested photos of the mass 24 hours after the injection and then at least weekly to help monitor the progression and healing.

13. A prescription of tramadol 50mg was given to Complainant for the dog's anticipated pain post Stelfonta injection.

14. Respondent stated in her narrative that she assumed that Complainant had a prescription for 5mg tablets of prednisone. If she had realized that that Complainant had 2.5mg prednisone, Respondent would have advised Complainant to give two of the 2.5mg prednisone tablets twice daily. The error was not realized until April 26, 2021.

15. Complainant relayed that after the Stelfonta injection, she was advised to increase the dog's prednisone from one pill a day, to two pills, which she did. Complainant was giving the dog one 2.5mg prednisone twice a day. Respondent had wanted the dog to receive one 5mg tablet twice a day.

16. On April 22, 2021, Complainant updated Respondent that the dog had an elevated heart rate. Since that could be an indication of pain, Respondent offered adding gabapentin in addition to tramadol for pain relief. Complainant reported that she had not picked up the tramadol prescription. That evening, Complainant emailed Respondent reporting the dog was lethargic and unwilling to move; had diarrhea and vomited once. She was concerned with systemic degranulation.

17. On April 23, 2021, Respondent emailed Complainant to recommend the dog be evaluated for possible SQ fluids and cerenia. Later that morning, Complainant reported the dog was drinking water and eating baby food without vomiting therefore requested medications to treat the diarrhea and vomiting at home. Respondent called in prescriptions for metoclopramide and metronidazole into Complainant's pharmacy.

18. On April 24, 2021, Complainant emailed Respondent with concerns of the size and area of the wound. According to Respondent and her emails, she recommended Complainant continue giving the dog prednisone 5mg twice a day rather than reducing to the once daily as had initially been instructed on the discharge instructions from April 21st. Respondent recommended the dog be re-evaluated on April 26, 2021 (Monday).

19. On April 26, 2021, the dog was presented to Respondent for evaluation. The dog was sedated with 1mg hydromorphone for wound care. The area was clipped, cleaned and flushed with saline. The dog was also administered cerenia. Respondent took pictures of the dog's degranulation event leading to the dog's extensive skin necrosis and wound. The pictures were submitted to a drug manufacturer representative. Respondent was advised that worse reactions have occurred in other dogs and the dog would heal with time. Pain would need to be managed as needed.

20. According to Complainant, she contacted the drug manufacturer and was advised that the reaction the dog experienced was not typical in dogs that are on the correct protocol for the procedure.

21. Complainant asserts that the dog should have been on a higher dose of prednisone – 5 mg twice a day – and Respondent failed to communicate/prescribe the correct dosage of prednisone the dog should have been administered after the Stelfonta injection.

22. Respondent stated that it was her understanding from the manufacturer and distributor that degranulation events can occur even with appropriate therapy. Respondent stated that she has since treated another pet with MCT in a similar location that suffered a degranulation event even being administered an appropriate dose of prednisone.

COMMITTEE DISCUSSION:

The Committee discussed that this situation was an honest mistake with no malice, that was caught and corrected. Every attempt was made to assist the pet owner at no charge, including day boarding. Additionally, there was no way to determine if the outcome would have been different if the correct dosage of prednisone was administered to the dog.

Some Committee members felt Respondent did not follow up to ensure Complainant was giving the correct dosage of prednisone to the dog.

The Committee wanted to express concern to the Board that Respondent did not communicate clearly or ensure that Complainant was giving the appropriate dose of prednisone to the dog. Although the Committee did not feel the misunderstanding rose to the level of a violation.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division